

**ADOPTIONS INFORMATION ACT STATEMENT****Adult Adoptee (age 21 or older)****Instructions:**

- 1) Please complete both sides of this form.
- 2) This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California adoption agency licensed by CDSS, or notarized by a Notary Public.\* If the signing of this form is witnessed by a CDSS or adoption agency representative, photo identification of the person signing must be obtained and noted on this form. **THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR NOTARIZED.**

You, as the adult adoptee, may change your decision at any time as to whether or not you wish your name and address disclosed by sending a notarized letter to that effect, by registered mail, return receipt requested, to the CDSS, CDSS Adoptions District Office, or licensed adoption agency.

**SECTION A Check boxes that apply:**

- ☐ I declare that I am an adult adoptee (age 21 or older) and that I was adopted by my adoptive parents listed on the back side of this form.
- ☐ By signing this form, I voluntarily give my consent to the CDSS or licensed adoption agency to disclose my name and address to my birth parent(s) upon the request of my birth parent(s).
- ☐ I hereby request, from the CDSS or the licensed adoption agency, my birth parent's name and most current address shown in CDSS or agency records. I understand that my birth parent(s) must have consented in writing to the disclosure of his or her name and address before the information may be released. I understand that the law prohibits CDSS or the licensed adoption agency from soliciting, directly or indirectly, the execution of such a consent.

NAME (PLEASE PRINT)			OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN	
STREET ADDRESS		CITY	STATE	ZIP CODE
				TELEPHONE NUMBER (     )
SIGNATURE				DATE

**SECTION B To be completed by a representative of CDSS or adoption agency licensed by CDSS. If Section B or C is completed, do not complete Section D.**

SIGNATURE OF CDSS/ADOPTION AGENCY REPRESENTATIVE		DATE	TELEPHONE NUMBER
AGENCY/DEPARTMENT NAME		ADDRESS	
IDENTIFICATION OF ADULT ADOPTEE (SPECIFY I.E. DRIVER'S LICENSE, PASSPORT, ETC.)			

**SECTION C ☐ Check if applicable. Notarized signature has been previously submitted to CDSS.****SECTION D To be completed by a Notary Public ONLY IF Section B or C is not completed.**

State of                                }  
 County of                            }ss.

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public in and for said County and State,

personally appeared \_\_\_\_\_, personally known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

(Affix Notarial Seal)

Notary Public

**\*Definition of Notary Public:** A Notary Public is a public officer authorized by law to certify documents and to confirm your identity. Notaries may be located at most banks and credit unions or listed in the yellow pages of your local phone directory.

In order to locate the correct adoption file, please assist us by completing the information below. If you do not know this information, please write "unknown".

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Adoptee's name, birth date, city and state of birth

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Full names of both adoptive parents

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Adoptive parents' current address

#### **ADOPTEEES:**

- ☐ Please check this box if you want to receive nonidentifying background information about your birth parents.
- ☐ Please check this box if you want your adoptive parents notified that you have filed this request before the name and address of your birth parent(s) is released. *(Your decision to check or not to check this box does not affect the information you will receive).*

#### **WHAT HAPPENS TO THIS FORM?**

This form may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office: Adoptions Support Unit, Department of Social Services, 744 P Street, M.S. 19-67, Sacramento, CA 95814. If the adoption was an independent (*private*) adoption, the form will be acknowledged and placed in the adoption file and you will be sent any available information you requested. If the adoption was an agency adoption, the form will be returned to you with the name and address of the correct agency so you may send it directly to that agency. A copy will be kept in the Department's adoption file.

#### **ADDITIONAL INFORMATION REGARDING THIS INFORMATION ACT STATEMENT**

The CDSS or the licensed adoption agency does not provide search services to locate birth parents.

You should keep the CDSS or the licensed adoption agency informed of your current name and address.

There is no fee for services provided by the CDSS. However, licensed adoption agencies may charge a fee for their services.